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7590

12/31/2003

Thomas H. Close
 Patent Legal Staff
 Eastman Kodak Company
 343 State Street
 Rochester, NY 14650-2201

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<u>June P. Cap Pagna</u>	(Depositor's name)
<u>June P. Cap Pagna</u>	(Signature)
<u>March 17, 2004</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/995,098	11/27/2001	William C. Wendlandt	82481WEN <u>SLP</u>	9387

TITLE OF INVENTION: COMPUTED RADIOGRAPHY CASSETTE FOR MAMMOGRAPHY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/31/2004

EXAMINER	ART. UNIT	CLASS-SUBCLASS
MONBLEAU, DAVIENNE N	2878	250-484400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William F. Nova
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EASTMAN KODAK COMPANY**343 STATE STREET, ROCHESTER, NY 14650-2201**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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Pamela R. Crocker/lpc 3/17/04

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